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## INSANITY AND OOPHORECTOMY.\*

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IN only a small percentage of the insane can we discover a somatic basis for the mental derangement, although a multitude of abnormal physical conditions have been credited with a causative influence in the production of insanity.

Insanity at times occurs in persons who are the subjects of phthisis, chronic nephritis, alcoholism, syphilis, and numerous other morbid conditions.

That the existence of any of these diseases does not render such individuals exempt from the development of mental symptoms is unnecessary to mention. If they do not act as an exciting cause, they are usually contributory elements in aggravating or increasing the gravity of the situation.

As is well known, the psychical causes are generally the predominating factors in the production of insanity, the constitutional predisposition and an unstable nervous organization being the fertile soil for its development.

The fact that the exciting cause of an attack of insanity

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can occasionally be justly attributed to reflex irritation arising from uterine or ovarian disease, can not be questioned.

The premature and indiscriminate removal of the ovaries in cases of insanity and other neuroses has of late become so frequent and flagrant a procedure as to demand an emphatic protest against such reprehensible measures and such illegitimate practice.

Disclaiming all intentions of making any invidious distinctions, but at the risk of accusations of dogmatism, although much has been written upon this subject, I venture to present the history of two cases that have come under my personal observation, which may prove both instructive and interesting:

CASE I.—Mary M., aged twenty-eight, single, occupation paper-folder, was admitted to the City Lunatic Asylum, during my term of service as resident physician, on October 21, 1879, with the following history:

This is her first attack of insanity, and began four weeks before admission, manifesting itself by utter neglect of her person, refusal to eat or speak, and gradually developing into a condition of profound depression. Previous to this she was invariably healthy, and of a pleasant and amiable disposition. She always applied herself very closely to religion. No hereditary history of physical or mental disease. As her parents are very illiterate people, no more satisfactory statement could be obtained.

She is in good physical condition, is bright and intelligent. No signs of mental depression. Answers questions in a rational manner readily and accurately.

*October 23d.*—Ideas of religion very much exalted. Religious delusions with ecstasy. Seeks seclusion and prays.

*November 14th.*—Since last note patient's mental condition has remained about the same. Physically she is deteriorating. Frequent hysterical manifestations.

*18th.*—Hysterical coma (?). Cataleptic rigidity of muscles.

*December 1st.*—Unchanged. Transferred to hospital ward,



Body well nourished. Capillary circulation feeble. Pulse 84, full and regular. Temperature in axilla,  $98.5^{\circ}$  F. She lies abed in dorsal decubitus with closed eyelids, and is motionless. Her face is without expression, and no movement of the alæ nasi is noticeable. The respiratory act is almost imperceptible, and can only be recognized upon very close examination. She is apparently completely insensible to any form of irritation. All reflex action is abolished, and she can not be aroused. When food is placed in her mouth it remains without exciting the act of deglutition. Various irritants have been applied to the nasal mucous membrane without any perceptible effect. Pupils are equal, but do not react to light. Corneæ and conjunctivæ are insensitive to irritation. Ocular fundus is normal. Her muscular system seems relaxed, but her extremities may be placed in any awkward or unnatural position, and will remain in a state of rigidity for an almost indefinite time. Heart, lungs, and abdominal organs normal. The bladder and rectum are evacuated by mechanical means. Examination of urine negative. She receives concentrated nourishment by means of stomach-tube.

*January 3, 1880.*—To-day she recognized and answered the nurse with a monosyllable. This is the first time she has exhibited any sign of consciousness or motion since her admission to this ward.

*6th.*—Pulse getting weaker and body emaciating. Alimentation by stomach-pump in conjunction with nutritive enemata. To have brandy, cod-liver oil, iron, and quinine with her food.

*14th.*—Still in an unconscious condition, with cataleptic rigidity of muscles. Lies abed with closed eyelids and contracted pupils. Electro-contraction of muscles very much diminished. Knee-jerk absent. She can not be aroused. Strong faradaic and galvanic current ineffectual. At the suggestion of Dr. Allan McLane Hamilton, the inhalation of nitrous oxide was resorted to with the following result: Before inhalation—Temperature in rectum,  $99.5^{\circ}$  F. Pulse 108, feeble, full, regular, and very compressible. Respiration 24, and feeble. After inhaling for one hour—Temperature,  $100.2^{\circ}$  F. Pulse un-

changed. Respiration 24, but stronger. No other perceptible effect.

*February 7th.*—Unchanged since last note. Although patient continues to be unconscious to external impressions, she sometimes laughs or cries, and indicates by her facial expressions the presence of pleasing or painful impressions. The respiratory movements are more perceptible than they were three weeks ago. The beat of the heart and pulse is weak, but easily discerned. Temperature (taken in rectum) during the past week has varied between 99·6° and 101·5° F. Urine removed by catheter (analysis negative). Body is somewhat emaciated. Everything is being done which is calculated to increase nutrition. She has been receiving (by aid of stomach-pump) six eggs, three pints of milk, and nine ounces of cream daily in conjunction with iron and cod-liver oil. Occasional laxatives and alcoholic stimulants when necessary. Entire surface of body is anointed with olive-oil daily, and the muscles are exercised by the daily application of the faradaic current. During the night she receives from twelve to sixteen ounces of defibrinated blood *per anum*.

*23d.*—Record of temperature since last note, from 99° to 101·6° F. Pulse 84 to 120. Patient has been in condition of catalepsy since November 18, 1879 (a period extending beyond three months). During that time she has received artificial alimentation either by aid of stomach-tube or enemata. She has not menstruated since her admission to the asylum.

*24th.*—At about 4 P. M. both ovaries were removed by laparotomy. The operation, which lasted twenty minutes, was performed under ether, and was attended with very little hæmorrhage. The ovaries were examined by Professor William H. Welch and found normal.

To complete the history of this remarkable case, it may prove of interest to report the results of the operation:

Coincidentally with the development of septic peritonitis, which supervened within twelve hours, she opened her eyes, moved her arms and hands, and exhibited symptoms of severe pain. The peritonitis and septicæmia rapidly advanced, and the patient's chance of recovery became more and more hope-

less. At about 10.30 P. M. on the 26th, her temperature being  $105.5^{\circ}$  and pulse about 144 and feeble, the following was noted: She is rambling in her remarks, but occasionally speaks quite rationally. She complains of severe burning in the abdomen, and begs to have the iced applications made colder, speaking in a religious strain and quoting passages from Scripture. Says she would like to die, and has exalted ideas of the future. "I know you will do everything for me because I am dying, and you will do anything for a dying person. I do not want to live." She is talking incessantly, and has visual hallucinations.

*27th, 1 A. M.*—She has a vivid recollection of events which transpired during the prolonged period of her apparent unconsciousness. She recites in detail the circumstance of my feeding her by force, and says: "I always wanted to move, but was powerless and felt as though a heavy weight was holding me down. I refused food because I wanted to die. People used to look at me and say, 'She doesn't move,' 'She just moved,' 'She opened her eyes,' etc. Cataleptic rigidity of muscles has almost completely disappeared.

*28th.*—At 1 A. M. in condition of collapse. Temperature  $105.5^{\circ}$ , pulse 150. She speaks at short intervals in a rational manner. She fully appreciates her condition, asks, "What time is it?" and says, "I know I am going to die and I am resigned."

She died at 2.12 A. M. on the 28th day of February, three days and twenty-two hours after the operation.

The fact that this patient returned to consciousness, and that of the disappearance of the cataleptic condition, merely add another case to the list of insane individuals who have become restored to rationality shortly before dissolution.

CASE II.—Mrs. E. T. consulted me at my clinic in the Demilt Dispensary, December 18, 1883, the following history being given by her husband and a female friend who accompanied her:

Patient was born in England, is twenty-seven years of age, and married. Her father is living and in good health. Her mother died of phthisis. Eight years ago, after an attack of



"brain fever," she attempted suicide by taking a large dose of laudanum. She received prompt attention, which resulted in recovery. Seven years ago she married her cousin, whose (their) uncle was insane. She has had two children; youngest child was born three months ago. She has never had a miscarriage. She is unable to suckle her infant, owing to the suppression of lacteal secretion. Symptoms of mental depression began about three weeks ago, having been preceded by slight headache and a few nights of restless sleep. She is very despondent, neglects her household duties, and cries frequently. Has visual hallucinations and numerous delusions of a depressive nature. Insomnia is a prominent symptom. There is absolute loss of appetite for food, and constipation is well marked. She still has considerable and constant vaginal discharge. The foregoing description of her mental condition is corroborated upon examination. Upon further investigation I find her capillary circulation deficient and extremities cold. Heart and lungs normal. Vaginal examination, made by Dr. Charles D. Scudder, the attending gynecologist at the dispensary, reveals the following condition: Lacerated perinæum and cervix, subinvolution, retroflexion of the uterus, and slight ovarian hyperæsthesia. Her environment and domestic relations being of such an unfavorable character as to preclude the possibility of any satisfactory relief under "home treatment," I advised her immediate removal to the asylum, believing that to be the most suitable place where she could receive the necessary attention that her condition demanded.

She did not reappear at the Demilt Dispensary, but a few days later I met her at another neurological clinic where her melancholia was receiving attention. Within a few weeks after her consultation with Dr. Scudder and myself her "ovaries and tubes" were removed and the melancholy trophies presented at a meeting of the Pathological Society with the encouraging statement that "the change in her mental condition was very marked, and at the end of twenty-four hours after the operation a very noticeable improvement was manifest which had steadily increased." The patient made a good recovery from the effects of the operation.



Having had the opportunity of visiting her within a few days after the operation, I found her mental condition to be the same as when she first consulted me. Subsequently her melancholia progressed and became more pronounced, until ultimately she was committed to the lunatic asylum, where she now remains an "incurable case," having reached the condition of terminal dementia.

These two cases that have been under my immediate supervision amply demonstrate the fact that the removal of the ovaries was an illegitimate and unjustifiable operation, and wholly unwarranted under the circumstances.

Practical utility and conservative principles should never be sacrificed on the altar of presumable brilliancy and self-glorification. The jeopardizing of human life and the nullification of physiological functions should never be instituted through irrational enthusiasm.

Physicians who are dominated by their specialistic proclivities, thereby being frequently misled into irrationality in their procedures and methods, are, fortunately, not a preponderating element in the ranks of the medical profession.

If in any case of insanity the existence of a pathological condition of the uterus or its appendages can be unequivocally demonstrated, and such morbid state be by logical process and clinical evidence indubitably proved to be either the exciting cause or a preponderating contributory influence in the production of the mental derangement, then, *and only under such circumstances*, after all other methods of treatment have been exhausted, can surgical interference such as oophorectomy be considered a legitimate procedure.





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